



SOCIAL SECURITY NUMBER ADD / CHANGE FORM

- The Contributor should complete, sign, date and have this form notarized below.
- Questions should be directed to Customer Service at our toll-free number, 1-888-772-4723, option 1.
- Submit to SCTPP, PO Drawer 11778, Columbia, SC 29211-1778 or fax to 1-800-519-4652.
- Please allow 5-7 business days for completion of update.

Current Contract Information

SCTPP Account Number _____

Current Contributor _____

Daytime Telephone Number _____

Current Beneficiary _____

Please select the individual(s) for which the Social Security Number update applies and provide the correct information:

____ Contributor

Name	_____	Social Security Number	_____
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____ Beneficiary

Name	_____	Social Security Number	_____
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____ Joint Contributor

Name	_____	Social Security Number	_____
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I certify that I am the legal contract Contributor, and I authorize SCTPP to update the above-referenced contract.

Current Contributor's Signature (Notary must witness signature) Date

Notary Section

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledge it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Signature _____ Date _____

(Seal or Stamp)